

FEB 28 2007

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FAX TRANSMISSION**DATE:** February 28, 2007**PTO IDENTIFIER:** Application Number 10/646,070-Conf. #8796

Patent Number

Inventor: Michael W. Graham et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** PATTON BOGGS LLP

Therese M. Finan

PHONE: (703) 744-8069**Attorney Dkt. #:** 025122.0101N1US**PAGES (Including Cover Sheet):** 25**CONTENTS:**

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PTO/SB/87 (09-04)

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Application No. (if known): 10/646,070

Attorney Docket No.: 025122.0101N1US

Certificate of Transmission under 37 CFR 1.8

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42,533

Registration Number, if applicable

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Certificate of Transmission (1 page)

Amendment Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Fee Transmittal (1 page)

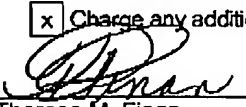
Amendment (19 pages)

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AMENDMENT TRANSMITTAL LETTER			Docket No. 025122.0101N1US		
Application No. 10/848,070-Conf. #8796	Filing Date August 22, 2003	Examiner B. A. Whiteman	Art Unit 1635		
Applicant(s): Michael W. Graham et al.					
Invention: CONTROL OF A GENE EXPRESSION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	40	- 106 =	0	x	
Independent Claims	3	- 5 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,020.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>50-2228</u> in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-2228</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Therese M. Finan Attorney/Agent Reg. No.: 42,533			Dated: <u>February 28, 2007</u>		
PATTON BOGGS LLP 8484 Westpark Drive, 9th Floor McLean, Virginia 22102 (703) 744-8069					

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810). FEE TRANSMITTAL For FY 2006		Complete if Known Application Number 10/646,070-Conf. #8796 Filing Date August 22, 2003 First Named Inventor Michael W. Graham Examiner Name B. A. Whiteman Art Unit 1635 Attorney Docket No. 025122.0101N1US	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	1,020.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: 50-2228 Deposit Account Name: Patton Boggs LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
40	- 20 = 0	x	=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 = 0	x	=

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

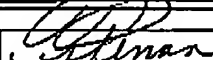
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	42,533
Name (Print/Type)	Therese M. Finan	Telephone	(703) 744-8069
		Date	February 28, 2007

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